

Foster Family Home - Corrective Action Report

Provider ID: 1-190020

Home Name: Bryan Dave Vicente, NA

Review ID: 1-190020-2

94-406 Opeha Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/17/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/17/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- Cardiopulmonary resuscitation training expired on 11/2019 for CG#2.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation seen in Client #1's chart on use of [REDACTED] for CG#1, CG#2, and CG#3.

Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No training/RN delegation seen in Client #1's chart on [REDACTED] for CG#1, CG#2, and CG#3.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted on Client #1 and Client #2.

Client #1- one medication bottle does not match MD order and Medication Administration Record.

Client #2- one medication bottle and MD order does not match the Medication Administration Record.

Maribel Nakamine, RN
Compliance Manager

1/17/2020
Date

[Signature]
Primary Care Giver

1/17/2020
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Bryan Dave Vicente

CCFFH Address: 94-406 Opeha St. Waipahu, Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	CG#1 obtained a current CPR card training for CG#2. Document placed in home binder.	1/22/2020	Home will use iPhone calendar to schedule due dates 2 months in advance to prevent future lapses.
43.(c)(3)	CG#1 contacted CMA RN to perform delegation on use of [REDACTED] CG#1,CG#2,CG#3. Signed delegation was filed in Client #1's chart.	1/22/2020	In the future, delegation will be done within 1-2 days of adding new caregivers. Home will notify CMA RN in a timely manner.
47.(e)	CG#1 contacted CMA RN to perform delegation on [REDACTED] [REDACTED] for CG#1,CG#2,CG#3. Signed delegation was filed on Client #1's chart.	1/22/2020	In the future, delegation will be done within 1-2 days of adding new caregivers. Home will notify CMA RN in a timely manner.
54.(c)(5)	Medication discrepancies has been corrected on Client #1 and Client #2. Medication Administration Record has been corrected and placed on Client #1 and Client #2's folder.	1/22/2020	Primary Caregiver will check all MD orders, Medication Administration Records, medications, expirations to ensure that they match before administering any medication. Home will notify CMA RN,MD and Pharmacy if they does not match.

Primary Caregiver's Signature: 

Print Name: Bryan Dave Vicente

Date of Signature: 1/23/2020